

## TRAVEL EXPENSE CLAIM

See Instructions and Privacy  
Statement on Reverse Side

STD 262 (REV. 10/92)

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CLAIMANT'S NAME Susan Fisher			SSAN OR EMPLOYEE NUMBER			DEPARTMENT					
POSITION Victims Rights Advocate			CB/ID NUMBER			DIVISION OR BUREAU Cabinet			INDEX NUMBER		
RESIDENCE ADDRESS [REDACTED]			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER [REDACTED]					
CITY [REDACTED]			STATE CA			ZIP 95814					

MONTH/YEAR Mar-09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
12-Mar	8:00am	Sac - Vacaville									70 31.15 31.22		31.22
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
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											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	70 31.22	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												31.15	\$31.22

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Attend parole consideration hearings.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

3/23/09

SIGNATURE

DATE

3/31/09

SIGNATURE

DATE

4/3/09